FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEG **Mail Processing** Section

FORM D

JAN 1 62009

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** Washington, Duniform Limited Offering exemption

Expires: April 30,2008 Estimated average burden hours per response. 16.00

SEC USE ONLY						
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DATE RECEIVED						
l	1					

Name of Offering (check if this is an amendi	nent and name has changed, and indicate change.)	
FEED Granola Co., LLC Filing Under (Check box(es) that apply): Ref Type of Filing: \text{\overline} New Filing \text{\overline} Amendment	nte 504 📋 Rule 505 🕱 Rule 506 📋 Section 4(6) nt	O [] ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	er	
Name of Issuer (check if this is an amendmen	it and name has changed, and indicate change.)	09001632
FEED Granola Co., LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
520 West 23rd Street, Suite 4B,	New York, NY 10019	(877) 346-7252
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PROCESSED
Selling its brand of granola.		1441 0 0 0000
Type of Business Organization		JAN 28 2009
	ed partnership, already formed A other (Limite	please specify) THOMSON REUTERS
	Month Year Dization: [24] May [
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a tederal notice.

A. BASIC IDENTIFICATION DA	ATA
. Enter the information requested for the following:	
Each promoter of the issuer, if the issuer has been organized within the past five ye	cars;
Each beneficial owner having the power to vote or dispose, or direct the vote or dispose.	sition of, 10% or more of a class of equity securities of the issu
Each executive officer and director of corporate issuers and of corporate general an	nd managing partners of partnership issuers; and
 Each general and managing partner of partnership issuers. 	
theck Box(es) that Apply: Promoter X Beneficial Owner Executive Of	ficer Director X General and/or Managing Partner
ull Name (Last name first, if individual) N. Jason Osborn	
Business or Residence Address (Number and Street, City, State, Zin Code)	
West Village Station, PO Box 20134, New York, NY 10014	
Check Box(es) that Apply: Promoter 🔯 Beneficial Owner 📋 Executive Of	ficer Director X General and/or Managing Partner
full Name (Last name first, if individual) Jason M. Wright	***************************************
Business or Residence Address (Number and Street, City, State, Zip Code) West Village Station, PO Box 20134, New York, NY 10014	
Check Box(es) that Apply: Promoter 🔀 Beneficial Owner [] Executive Of	fficer Director General and/or Managing Partner
full Name (Last name first, if individual)	
Fred Zeigler	
Business or Residence Address (Number and Street, City, State, Zip Code) West Village Station, PO Box 20134, New York, NY 10014	
Check Box(es) that Apply Promoter Beneficial Owner Executive Of	fficer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply Promoter Beneficial Owner Executive Of	fficer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer Duector General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply Promoter Beneficial Owner Executive O	fficer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

					B. I.	FORMATI	ON ABOU	f offeri!	vG				
I that the increase and the department of the former intend to call to man controlled increases in this offering?							Yes	No I X I					
1, 1	 Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Ŀ.	LAN				
2. \	•							\$ _18	0,000.00				
												Yes	No
						le unit?							X
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							he offering. with a state						
Full 1	Name (f. None .	ast name i	irst, if indi	vidual)									
Busin		Residence .	Address (N	umber and	Street, Ci	ty. State, Z	ip Code)						····
				_									
Name	c of Ass	nciated Br	oker or Dea	ıler									
State	s in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		_				
((Check "	'All States	" or check	individual	States)	•		······		•••••		All States	
[AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NII TN	CA KY NI TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Full Name (Last name first, if individual)												
Busi	ness or	Residence	Address ()	Vumber an	d Street, C	ity, State, 7	Zin Code)				· · · · · · · · · · · · · · · · · · ·		
Mam	wat Acc	anistad Dr	oker or De	alae									
	o or mas	ociated Di											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
	(Check	'All States	or check	individual	States)		***************************************	*****************		*1.*1	***************************************		l States
	AL II. MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full	Name (I	ast name	tīrst, if indi	(vidual)						***************************************			
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)										I States			
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NII TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	s
	Equity	\$ 400,000.00	\$ 400,000.00
	🔀 Common 📋 Preferred		
	Convertible Securities (including warrants)	\$	<u> </u>
	Partnership Interests		
	Other (Specify		\$
	'Total	s O	s ⁰
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$ 400,000.00
	Non-accredited Investors	0	\$ <u>0</u>
	Fotal (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rufe 505		S
	Regulation A		\$
	Rule 504		\$
	Total		s_0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_3,500.00
	Accounting Fees	_	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	<u></u>	s
	Fotal	т П	<u>, 0</u>

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			0 \$ <u>396,500.00</u>
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	[. 🗆 s
	Purchase of real estate	[
	Purchase, rental or leasing and installation of mac and equipment		¬\$	□\$
	Construction or leasing of plant buildings and fac		_	
	Acquisition of other businesses (including the val offering that may be used in exchange for the assessive pursuant to a merger)	ue of securities involved in this	_	_
	Repayment of indebtedness	· · · · · · · · · · · · · · · · · · ·		
	Working capital			
	Other (specify):			_ (<u>)</u> \$
	. ,	•		- <u> </u>
			s	
	Column Totals		□ s _0	s_ <u></u>
	Total Payments Listed (column totals added)	$\Box s_0$	400,000	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	ssion, upon writt	
lss	uer (Print or Type)	Signature	Date	
F	PEED Granola Co., LLC	A ASO BY	ć	9.19.08
Na	nme of Signer (Print or Type)	Title of Signer (Print or Type)		
	N. Jason OSborn	General Mangager	, , , , , , , , , , , , , , , , , , , ,	
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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

